STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 25 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I Name of Labbuigt	James J. Bianco.	Jr.; Adam Sch	midt; Karen Soucy; k	(athy Corey Fox
			· · · · · · · · · · · · · · · · · · ·	<u>- ^</u>
	's partnership, firm or coi	poration, if any:		
	ssional Association			
	me of partnership, firm or corp			
18 Centre St	reet	Concord	NH	03301
Business Address: (Si	treet)	(Town/City)	(State)	(Zip Code)
603 225-7170 (Telephone)	(603) 2	226-0165	e-mail_attys@b	iancopa.com
	overs: (Choose one – file s ransactions which are not		or each client, OR you ma ny one client).	y file a separate report fo
X All reportable trai	nsactions occurring in the n	nonths prior to the	reporting date relative to the	e following client:
NH Manufactu	red & Modular Housi	ng Associatio	า	
	(Full Name of Client as it a			
<u>OR</u>				
All reportable tran unrelated to any parti		cluding the lobbyi	st's family), or the lobbying	. firm listed below which ar
IV. Date of Report	April 26, 2017	. 2/21/17	July 26, 2017	
Reports cover: acti	vity from date of registration	to 3/31/17	activity from 4/1/17 to 6/30/17	
	October 25, 2017 X activity from 7/1/17 to 9/30/1	17	January 31, 2018 i activity from 10/1/17 to 12/31/	17
			ansactions made since the ecretary of State's Office, S	
VI. Check if addition	nal reports are attached:			
If you have received	ved fees or made expenditu	res, you must file	Addendum A– Fees and Ex	kpenses
	an honorarium or reimburse		nust file Addendum B - Rep	
If you, your firm	, or your family has made p	olitical contribution	ns, you must file Addendu	m C- Political Contribution
Lhave read RSA 15,	ffirmation by Lobbyist RSA 15-B RSA 14-C and best of my knowledge and b	RSA 664 and here elicf.	by swear or affirm that the function $\frac{102511}{1000}$	
(Signature of lobbyis	st)		(Dat	e)
James J. Bian (Print Name of lobby				

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
Bianco Professional Association	
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Manufactured and Modular Housing Association	Date 10/25/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$
Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$16,650
c) Total of all fees received to date (Add lines a and b)	c) \$ _ 24,900
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this reportance purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made a may be filed for the lobbyist(s)/firm a aggregate total of all expenses parkpenses; (b) the aggregate total of a le: meals purchased during a business than \$10 that is given to the person with a value of \$25.00 or less); arorting period of greater than \$25.00 for than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$8,250
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$8,250			
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$16,650			
f) Total of all expenses year to date	f) \$24,900			
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting			
Paid to:	Amount:			
	\$			
······································	\$			
	\$			
	\$			
	\$			
	\$			
Sworn Statement/Affirmation by Lobbyist				
I have read RSA 15, RSA 15-H and RSA 664 and hereby swear or affirm that the foregoing information				
is true and complete to the best of my knowledge and belief.				
	10/25/17			
(Signature of lobbyist)	(Date)			
James J. Bianco, Jr. (Print Name of lobbyist)				

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Affirm:	ation by	Lobbyist
Statem	ent of	Income and	Expens	ses for:

Name of Lobbying partnership	, firm, or corpor	ration: Bianco Profes	ssional Association
	Statement is fo	r the partnership, firm,	or corporation and not related to any
Date of Report (check one):			
April 26, 2017 □ July	26, 2017 🗆	October 25, 2017 🕱	January 31, 2018 □
			and Expenses described above, and number of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that to complete to the best of my knowledge.			nent and each Addendum is true and
(Signature of lobbyist)	and	···	(Date)
Adam Schmidt			
(Print Name of lobbyist)			

State of New Hampshire

Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by I Statement of Income and Expenses		
Name of Lobbying partnership, firm, or	corporation: Bianco Prof	essional Association
Name of Client (leave blank if Statemer	nt is for the partnership, firm	, or corporation and not related to any
particular client): NH Manufactured	1 & Modular Housing As	sociation
Date of Report (check one):		
April 26, 2017 July 26, 2017	☐ October 25, 2017 🕏	1 January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA the following Addendums submitted w submitted):	664, the Statement of Inconvith that Statement (insert the	ne and Expenses described above, and ne number of Addendum forms being
Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
I hereby swear or affirm that the forego complete to the best of my knowledge a		ement and each Addendum is true and
(Signature of lobbyist)		10/19/17
Karen Soucy		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

Statement of Incom	e and Expenses for:		
Name of Lobbying par	tnership, firm, or corpo	oration: Bianco Profess	sional Association
			corporation and not related to any
particular client): NF	Manufactured & M	lodular Housing Assoc	ciation
Date of Report (check	one):		
April 26, 2017 🗆	July 26, 2017 □	October 25, 2017 🔀	January 31, 2018 □
	ums submitted with th		nd Expenses described above, and umber of Addendum forms being
Addendum B(s).		
Addendum C(s).		
	f my knowledge and be	lief.	nt and each Addendum is true and 9 Olype 1990 (Date)
Kathy Corey Fox			